

Permanent Sign Permit Application

			Sign De	cal No:	
Applicant					
Business Name Business License No.					se No.
Business Contact E-mail Address			Phone		
Business Address			City	State	Zip
Address of Sign Location			City	State	Zip
Sign Contractor (Installation)					
Sign Contractor Name/Company		E-mail Address		Phone	
Address of Sign Contractor			City	State	Zip
Will Contractor install the sign?	□Yes □No Ha	as the property owner co	nsented to install	ation? □Yes	□No
Land Use Category Historic Commercial Residential Industrial Planned Center Zoning:	Sign Type Freestanding Wall Canopy Face Change Directional	Sign Attributes □ Illuminated □ Projecting □ Off-Premise □ Base mounted fluorescent □ Conforming □ Non-Conforming	Base Fee Up to 200SF 201 to 500 SF Over 500 SF Illuminated sig		×SF ×SF cal inspections,
zoning.			Permit Cost: \$		
Submittal Checklist Site Plan (freestanding signs) Drawing of wall showing proposed sign with dimensions Drawing of sign with dimensions	 According to UDO Sec. 7.05.A, signs located within the public street right-of-way or within 12 feet of the curb or closest edge of the pavement of any public street are prohibited. All inspection requests must be made 24 hours in advance at numbers above. When you call you must give the address of sign and the permit number. All signs that exceed 50 foot in height require footing inspections. The sign company must provide an engineered stamped drawing of the footing. 				
Applicant Signature I hereby certify that all information provided herein is true and correct. I am aware of UDO Article 7, and agree to comply with the City of Douglasville Unified Development Ordinance.					
Applicant Signature				Date	
	□ Appro	oved □Dei	nied		
City Staff				Date	